



IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Patent Application

Inventors: Amit Garg Case Name 2001-0526DIV2

Serial No. 10/743,990 Group Art 2645

Filing Date December 22, 2003

Title: *Intelligent Voicemail Message Waiting System and Method*

Attention: Official Draftperson

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

SUBMITTAL OF REPLACEMENT DRAWINGS

Enclosed please find six (6) sheet(s) of Replacement Drawings for the above-identified application.

Applicants believe that these drawings are in accordance with the requirements of PTO-1474. However, if the Official Draftsperson determines that any changes are needed, he is requested to contact the undersigned to avoid any delay in the prosecution of this application.

Respectfully,

By: _____
Wendy W. Koba, Esq.
Reg. No. 30509
Attorney for Application

Date: 8/22/2005

Att: - Replacement Drawings-6 Sheet(s)



AUG 22 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/743,990
Filing Date	December 22, 2003
First Named Inventor	Garg
Art Unit	2645
Examiner Name	Lisa Hashem
Attorney Docket Number	2001-0526 DIV 2

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s) <i>6 Replacement</i>	<input type="checkbox"/> After Allowance Communication to TC
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<i>2. Express Mail Cert. of Mailing</i>
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wendy W. Koba, Esq.		
Signature	<i>Wendy W. Koba</i>		
Printed name	Wendy W. Koba		
Date	8/22/2005	Reg. No.	30509

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Wendy W. Koba</i>		
Typed or printed name	Wendy W. Koba	Date	8/22/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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